

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/807069 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						61						
2		1					62						
3		1					63						
4		1					64						
5		1					65						
6		1					66						
7		1					67						
8		1					68						
9		1					69						
10		1					70						
11		1					71						
12		1					72						
13		1					73						
14		1					74						
15		1					75						
16		1					76						
17		1					77						
18		1					78						
19		1					79						
20		1					80						
21		1					81						
22		1					82						
23		1					83						
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25		1					85						
26		1					86						
27		1					87						
28		1					88						
29		1					89						
30		1					90						
31		1					91						
32							92						
33							93						
34							94						
35							95						
36							96						
37							97						
38							98						
39							99						
40							100						
41													
42													
43													
44													
45													
46													
47													
48													
49													
50													
TOTAL IND.	1						TOTAL IND.						
TOTAL DEP.	30						TOTAL DEP.						
TOTAL CLAIMS	31						TOTAL CLAIMS						

BEST AVAILABLE COPY